

MISSOURI DEPARTMENT OF NATURAL RESOURCES AIR POLLUTION CONTROL PROGRAM 1101 RIVERSIDE DRIVE, P.O. BOX 176 JEFFERSON CITY, MISSOURI 65102-0176

FORM 2.T HAZARDOUS AIR POLLUTANT WORKSHEET

FACILITY NAME				FIPS	S COUNTY NO.	PLANT NO.	PLANT NO.		YEAR OF DATA	
POINT NO.				SOURCE CLASSIFICATION CODE (SCC)			SEG NO.			
the Clean Air Act. THE AMOUNT	EMITTED SHOULD BE	E REPORTED BEFORE	CONTROL EQUIPMEN	NT REDUCTIONS A	ng levels per each emission point. T RE APPLIED. Provide documentat All other HAP's – sum of 200 pound	on (other workshe	r this form provide a eets, etc.) if the amo	list of the HAP's which	n are regulated under not equal the amount	
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	
HAP CHEMICAL	CAS NUMBER	AMOUNT USED OR HANDLED (LBS/YR)	UNCONTROLLED AMOUNT EMITTED (LBS/YR)	UNCONTROLLED EMISSIONS REPORTI AS VOC OR PM10 (LBS/YR)	ED EMISSIONS REPORTED	HAP CONTROL DEVICE(S)	CONTROL EFFICIENCY (%)	CONTROLLED EMIS- SIONS REPORTED AS VOC OR PM10 (LBS/YR)	CONTROLLED EMIS- SIONS REPORTED AS HAPS (LBS/YR)	
HAP EMISSION TOTALS =			SUM (LBS/YR)	SUM (LBS/YR)			SUM (LBS/YR)	SUM (LBS/YR)		
UNCONTROLLED HAP EMISSION FACTOR = SUM OF UNCONTROLLED EMISSIONS REPORTED AS HAPS (COLUMN 6 TOTAL)/ANNUAL THROUGHPUT (FO					[11] HAP EMISSION FACTOR					
Ent	er the HAP emission fac	ctor for all HAP chemica	Is that are NOT reporte	ed as VOCs or PM10) from Block 11 above as the HAP	Emission Factor i	n Section 3, Block	7 on Form 2.0.		

MO 780-1448 (8-05) DUPLICATE THIS FORM AS NEEDED